



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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|---|----------------------|------------------------|--------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/505,621 | |
| | Filing Date | February 16, 2000 | |
| | First Named Inventor | Mark A. HOLLAR | |
| | Art Unit | 2137 | |
| | Examiner Name | Z. Davis | |
| Total Number of Pages in This Submission | 20 | Attorney Docket Number | 136922001900 |

ENCLOSURES (Check all that apply)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing (2 pages) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply (16 pages) | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
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| <input checked="" type="checkbox"/> Extension of Time Request (1 page) | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP (Customer No. 25226) | | |
| Signature | | | |
| Printed name | Norman R. Klivans | | |
| Date | January 10, 2005 | Reg. No. | 33,003 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 336630531 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 10, 2005

Signature:

(Georgina Matos)



PTO/SB/17 (12-04)

Approved for use through 7/31/2006. OMB 0651-0032

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| | | | |
|--|--|--------------------------|-------------------|
| FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| | | Application Number | 09/505,621 |
| | | Filing Date | February 16, 2000 |
| | | First Named Inventor | Mark A. HOLLAR |
| | | Examiner Name | Z. Davis |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 2137 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 220.00 |
| | | Attorney Docket No. | 136922001900 |

| | |
|---|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|--------------------|------------------------------|---|------------------------------|----------------------------------|------------------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity Fee (\$) | Fee (\$) |
| Fee Description | | | | | | | |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | | | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| 43 | | 41 - = 2 | x 50.00 = | 100.00 | Fee (\$) | | Fee Paid (\$) |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 14 | | 14 - = 0 | x 200.00 = | 0.00 | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | |
| - 100 = | | /50 | (round up to a whole number) x | | = | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | Fees Paid (\$) | |
| Other: 1251 Extension for response within first month | | | | | | 120.00 | |

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|---------------------|-------------------|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 33,003 |
| Name (Print/Type) | Norman R. Klivans | Telephone | (650) 813-5850 |
| | | Date | January 10, 2005 |